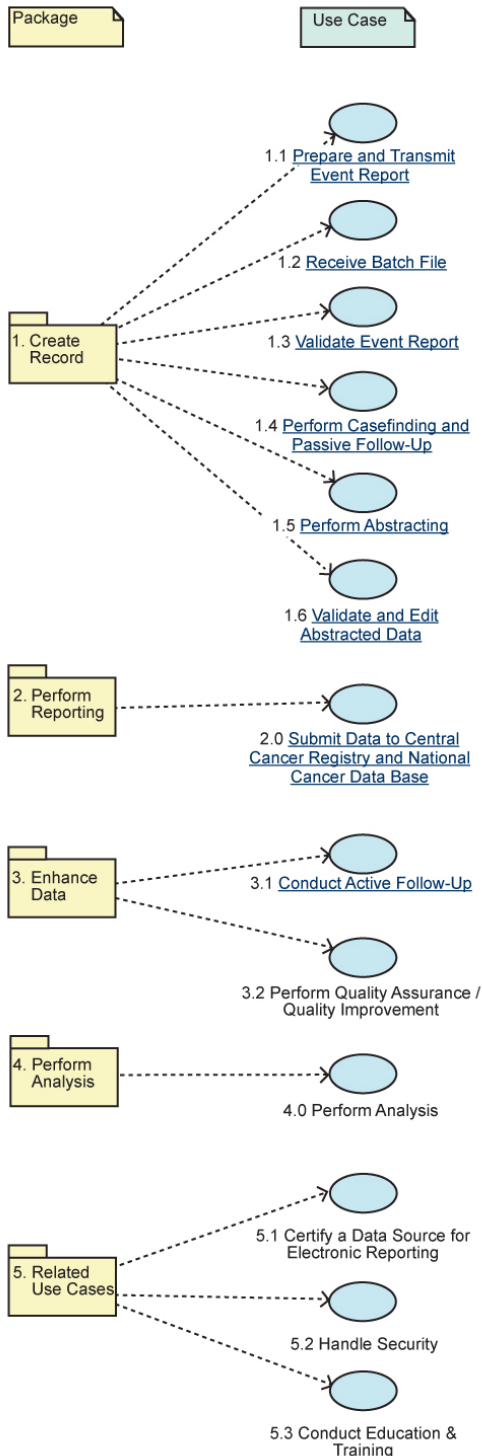


# NPCR–AERRO Hospital Registry Operations Use Case Diagram

The NPCR–AERRO Hospital Cancer Registry Operations Use Case Diagram shows hospital cancer registry operations, including general first-level functions and more detailed second-level functions.

**Note:** This diagram represents hospital registries' core functions. The highest level use case, Create Record, is shown in order. The other use cases are not in any particular order.

## Legend



## Create Record

A first-level function in which event reports are selected, transmitted, validated, and consolidated in a cancer record. It includes the following six steps:

- 1. Prepare and Transmit Event Report:** To submit event reports by a data source to the hospital cancer registry using established criteria for record layout format, required event report types, required data items, and transmission standards.
- 2. Receive Batch File:** To verify that a group of event reports meet the standards for record layout format, and that the batch has not been submitted previously.
- 3. Validate Event Report:** To verify that information submitted on an event report meets logic, consistency, and data validity standards.
- 4. Perform Casefinding and Passive Follow-up:** To verify that information submitted on an event report represents a reportable case, and update vital status and other follow-up information for patients with an abstract in the cancer registry.
- 5. Perform Abstracting:** To collect and record pertinent cancer data from a health record.
- 6. Validate and Edit Abstracted Data:** To verify that information in the cancer registry abstract meets logic, consistency, and data validity standards.

## Perform Reporting

A first-level function in which cancer information is submitted to various organizations including the central cancer registry and the National Cancer Data Base to meet state and accreditation regulations, and assist in research activities.

## Enhance Data

A first-level function in which the consolidated cancer record is improved. It includes the following two steps:

- 1. Conduct Active Follow-up:** Active follow-up involves obtaining updated information annually regarding a patient's health status to ensure continued medical surveillance.
- 2. Perform Quality Assurance/Quality Improvement:** Quality improvement is a planned set of activities by which the cancer registrar monitors quality and takes appropriate remedial action to improve future quality, maximizing correct reporting and characterizing the reporting process in measurable terms. Quality assurance is a formal review of patient records to determine case completeness and data quality.

## Perform Analysis

A first-level function in which collected cancer data are analyzed and converted into information about treatment, survival, and other factors affecting cancer patients. Statistical analysis is performed on collected data to provide interpreted information on cancer for a particular population.

## Related Use Cases

1. **Certify a Data Source for Electronic Reporting:** The process for evaluating and subsequently certifying a Data Source as being qualified to perform electronic reporting that meets cancer registry standards.
2. **Handle Security:** A first-level function relating to all security issues, such as data transmission and storage. This function is outside the scope of NPCR–MERP.
3. **Conduct Education and Training:** A first-level function in which education and training of the registry staff are performed. This function is outside the scope of NPCR–MERP.